

PERSONAL SERVICES REPORT FORM
South Carolina State Library
LSTA – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --

LSTA Sub-Grant Award #: _____

Program Year Funds: _____

LSTA State Grant Award: _____

FFY Appropriations: _____

CFDA No. 45.310

South Carolina State Library

1430 Senate Street

P.O. Box 11469

Columbia SC 29211

Sub-Grant Project Title: _____

I. Sub-grantee (organization) Name _____ Award Date: _____

II. Project Administrator _____ Phone: _____ E-mail: _____

III. Fiscal Officer _____ Phone: _____ E-mail: _____

IV. Employee Data *(submit a separate form for each position)*

Name of Employee _____ Title (Position) _____ Beginning Date of Employment _____

V.	Personal Services Budget	Time Period Reported**	Cash on Hand at Beginning Period	Capital Adv Rec'd During Period	Funds Expended During Period	Cash on Hand End Period
Salary	_____	_____	_____	_____	_____	_____
Benefits	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.

Employee Signature: _____

Submitted by (Print Name): _____

Title: _____

Approval Signature: _____

Date: _____

(Project Administrator, Fiscal Officer or Library Director ONLY)

****Include beginning and ending dates (e.g., 1/1/08 – 2/28/08) of the first payroll and the last payroll for the time covered by this report.**